



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES

PO Box 44326 • Olympia, WA 98504-4326

Dear Vocational Provider:

Attached is the Vocational Provider Application and Agreement (form) necessary for obtaining a vocational provider account number with the Washington State Department of Labor & Industries Industrial Insurance Program. For group practices, each provider who will be providing services to injured workers must submit a completed Vocational Provider Application and complete and sign the "Vocational Provider Agreement" section.

The department will purchase only covered services, provided by approved providers. Coverage information is contained in the Washington State "Medical Aid Rules (Chapters WAC 296-20 and 296-19A) and Fee Schedules." To obtain a copy, call the Provider Hotline at 1-800-848-0811, or fill out and mail the L & I Medical Forms Request card included in your packet of information. The "Medical Aid Rules and Fee Schedules" is listed on this form as form number F245-094-000, and Chapter 296-19A (Vocational Rehabilitation Rules) is form number F252-020-000. You may also find the "Medical Aid Rules" on our web site at www.lni.wa.gov/hsa/fs_fee_schedule.htm, and Vocational Rules or additional copies of the application packet at www.lni.wa.gov/hsa/vocational.htm.

A completed Form W-9 is required as part of the application process to ensure proper reporting to the Internal Revenue Service (IRS). We have enclosed a blank Form W-9 for your convenience. **If you have questions on the Form W-9, please contact the IRS or your tax consultant.**

Please carefully complete the Vocational Provider Application/Agreement using the attached instructions.

An incomplete application will not be processed. Please be sure to:

- 1) Complete the form and sign the Vocational Provider Agreement.
- 2) Complete and submit the Vocational Employment Status Form.
- 3) Complete and submit a Branch Identification Form.
- 4) Complete and submit a Pertinent Vocational Work History Form.
- 5) Include your mailing address on the last page, so we may notify you when we have received your Vocational Provider application.
- 6) Complete and submit a completed Form W-9.
- 7) Submit a copy of your professional certification(s) if you are credentialed.

If you are a firm who will be billing the department electronically please contact the Electronic Billing Unit at 360-902-6511 or 360-902-6512 for information regarding electronic billing.

Once a vocational provider account number has been established, you will receive information regarding rules, fees, billing forms, options for electronic and paper billing, and instructions. If you wish to receive this information prior to signing the forms, or if you have questions about the application, please call the Provider Accounts Section at 360-902-5140.

Sincerely,

Private Sector Rehabilitation Services
Enclosures

VOCATIONAL PROVIDER APPLICATION & AGREEMENT

The Industrial Insurance Program is authorized by Washington State law, Title 51 Revised Code of Washington (RCW), and is administered by the Department of Labor and Industries. Vocational services are provided to injured and/or ill workers pursuant to Title 51 RCW, Washington Administrative Code (WAC) Chapters 296-19A, and policies adopted by the department. **To qualify for payment, a provider must have an active provider account number assigned by the department.** To receive a provider account number, the provider must submit a Vocational Provider Application to the department, including all required supporting information and a signed "Vocational Provider Agreement." For group practices, a separate Vocational Provider Application/Agreement is required for each provider who will be providing services to injured workers.

The following information must be submitted with the Provider Application, a:

- ☐ **current copy of the vocational provider's certification(s) if credentialed;**
- ☐ **signed and dated Provider Agreement;**
- ☐ **completed Form W-9;**
- ☐ **completed Vocational Provider or Firm Branch Identification Form;**
- ☐ **completed Vocational Employment Status Form;**
- ☐ **completed Pertinent Vocational Work History Form;**
- ☐ **completed Intern Supplemental Application Form (new interns only).**

Issuance of a provider number does not guarantee that all services billed by a provider will be paid by the department. Payments will be made according to the department's "Medical Aid Rules and Fee Schedules" as updated annually and according to department policy. The department will purchase only covered services, provided by approved providers.

The provider agrees:

- 1) To meet and maintain all applicable state and/or federal licensing or certification requirements to assure the department of the provider's qualifications to perform services.
- 2) To comply with Washington State Law Title 51 RCW, Washington Administrative Code (WAC), including but not limited to, Chapter 296-19A, and policies adopted by the department, including fee schedules.
- 3) That providing services to an injured or ill worker who is covered under the department's jurisdiction, constitutes acceptance of the requirements of Title 51 RCW, and the WACs, including but not limited to, Chapters 296-19A, and policies adopted by the department.
- 4) To accept the department's or self-insured employer's payment as sole and complete remuneration for services provided to the worker as required by Washington State law. **The provider agrees not to bill a worker for:**
 - a) Services covered by the industrial insurance program which are related to the industrial injury or occupational disease; or b) the difference between the billed and paid charges.

In the event a provider believes additional funds are due, the provider may submit a Provider's Request for Adjustment Form to the department for consideration in accordance with the instructions contained on the Remittance Advice.

- 5) That if the provider receives payment from the department or self-insurer in error or in excess of the amount properly due under the applicable rules and procedures the provider will promptly return to the department or self-insurer any excess monies received. The department may audit the provider's records to determine compliance with the rules and regulations of the department as provided in Washington State law.
- 6) To maintain documentation and records for a minimum of five years to support the services provided and levels of services billed. The provider agrees that these records and supportive materials will be made available to the department upon request as provided in Washington State law.
- 7) To notify the department immediately of any changes to information in this application or provider status (e.g., federal tax identification number, ownership, incorporation, address, etc.). **A change in ownership or federal tax ID number may require a new vocational provider account number.** If a new vocational provider account number is assigned, providers who bill electronically must also submit an electronic billing agreement and if billing through an intermediary a Power of Attorney.

A provider will be held to all the terms of this agreement even though a third party may be involved in billing claims to the department.

The department reserves the right to deny, revoke, suspend or condition a provider's authorization to treat injured workers in accordance with Washington Law.

Provider's Statement of Agreement

I (the provider), _____ (print or type) agree to abide by the terms of this agreement and by all applicable federal and Washington State statutes, rules and policies. I have enclosed with my application all required supporting information to establish a vocational provider account, including: a current copy of my certification(s) (if I am certified); and a completed Form W-9. I understand that issuance of a provider number by the department does not guarantee I will receive any vocational referrals from the department.

Date _____ Title _____ Signature _____

VOCATIONAL PROVIDER ACCOUNT APPLICATION

Complete a separate application for each firm for which you work

Return To:

Private Sector Rehabilitation Services
Industrial Insurance State Fund
Department of Labor & Industries
PO Box 44326
Olympia WA 98504-4326

See Instruction

Note

(360) 902-5140
1-800-848-0811

Internet address: <http://www.lni.wa.gov/forms>

(Please type or print clearly on all sections)

I am applying as a: ☐ FIRM ☐ INDIVIDUAL

Please check all that apply:

- ☐ Current Provider
☐ New Provider
☐ Manager
☐ Employment Status Update
☐ Tax ID change - Effective Date _____
☐ If Tax ID changed, previous Tax ID _____
☐ Adding new branches

I. TAX REPORTING INFORMATION

Tax Payer Identification Number (EIN or SSN)

THIS NUMBER MUST MATCH THE W-9 FORM YOU SUBMIT!

II. ACCOUNT AND BILLING INFORMATION

A. Administrative Information

1. Business name (as you wish to submit your bills and have your account set up, DBA)		2. Business phone ()	
3. Billing address (as it appears on your bills submitted to L&I and where payments should be mailed)		4a. Street address of firm or primary branch office served by this applicant	
		4b. Telephone # if different from #2	
5a. Vocational manager's name (WAC 296-19A-210(7))		5b. Voc manager's provider #	5c. Voc ID # of manager
6a. Contact person's name		6b. Billing phone (where we may call regarding your account/bills) ()	

B. FIRMS ONLY: Complete and submit the attached Firm Branch ID Form

C. 1) Current Individual Provider Account Number(s) if assigned: →

2) Provider Account number of other vocational firm(s) for which you work*: →

* Complete attached Vocational Employment Status Form

D. Individual Vocational Provider Information

I will accept referrals for: ☐ State Fund ☐ Self Insured ☐ Both ☐ Neither

1. Provider's name (Last, First, MI)		2. Category (check all that apply) <input type="checkbox"/> Intern <input type="checkbox"/> Supervisor <input type="checkbox"/> VRC <input type="checkbox"/> Forensic	
3a. Certification (CRC, CDMS, ABVE) <input type="checkbox"/> Yes, Attach copy <input type="checkbox"/> No		3b. For VRC's, number of years industrial insurance experience. # of years: _____ Complete enclosed pertinent work history form.	
4. L&I VRC ID number (See instructions)		5a. For interns applying on or after 12-01-00 , length of internship. # of years: _____ Include a completed Intern Supplemental Application.	
5b. For interns, Supervisor's name		5c. For interns, Supervisor's VRC ID number	5 d. For interns, Supervisor's provider #
6. For supervisor or forensic, number of years providing direct vocational services working with Washington industrially injured or ill workers. # of Years: _____ Complete enclosed pertinent work history form.			
7. Complete and submit the attached Vocational Provider Branch ID form.			

VOCATIONAL PROVIDER APPLICATION INSTRUCTIONS

INSTRUCTION NOTE:

CURRENT PROVIDER = Already have one or more vocational provider Id's assigned.

NEW PROVIDER = No vocational provider ID currently assigned.

MANAGER = See WAC 296-19A-210(7).

EMPLOYMENT STATUS UPDATE = Verification of status for providers with current active provider numbers (maintain/delete).

ADDRESS CHANGE NOTE = Changes in billing address must be made via the standard Provider Accounts Change Form. Changes in a firm's branch address must be made via the Firm Vocational Provider Account Change form. To obtain copies of these forms contact the Provider Hotline at 1-800-848-0811 or visit the department's web site at: <http://www.lni.wa.gov.htm>

TAX ID CHANGE = Change to previously submitted W-9 information.

ADDING NEW BRANCHES. Complete Firm Branch Identification Form.

SECTION I: TO BE COMPLETED BY ALL PROVIDERS

Enter the Tax Payer Identification Number (EIN or SSN). **The number you will use to report earnings to the IRS – This must match the information on the W-9.**

SECTION II: TO BE COMPLETED BY ALL PROVIDERS

A. Administrative Information

1. Enter the name of the business you wish to submit your bills under and have your account set up as, (DBA).
2. Enter the phone number of the business.
3. Enter the billing address as it appears on your bills submitted to Labor & Industries and where payments should be mailed.
- 4a. Enter the physical address of the primary office or branch office served (VRCs). This is also the address where you will receive correspondence from the department.
- 4b. Enter the telephone number for office if different from #2.
- 5a. Enter the name of the firm's vocational services manager.
- 5b. Enter the provider number of the vocational service's manager, if assigned.
- 5c. Enter the VRC ID# of the vocational services manager, if assigned.
- 6a. Enter the contact person's name to call. This allows us to contact the appropriate person if we have questions regarding your bills or your account.
- 6b. Enter the billing phone number where we may call to ask questions regarding your bills or your account, if necessary.

- B. Complete and submit a Firm Branch Identification Form (copy as needed). Note: This information is necessary for accurate referral eligibility locations. If adding a branch or branches, indicate which one(s) is/are new.

C. Current Vocational Provider Information

1. Enter all current individual provider numbers you have with the department.
2. Enter the provider numbers of all other vocational firms for which you work.
NOTE: Complete and attach a vocational employment status form providing the requested information for all your current provider numbers and vocational firms for which you work. (Copy as needed.)

D. Individual Vocational Provider Information

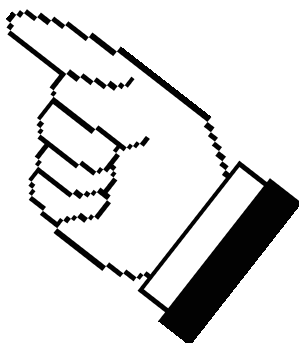
- NOTE:** Indicate from whom you will accept referrals, (i.e., State Fund, Self-Insured, both or neither).
1. Enter the name of the person providing services to injured workers.
 2. Enter the category you are applying for. (Check all that apply.)
 - 3a. Check whether you have a CRC, CDMS or ABVE certification. **Include copy of your certification.**
 - 3b. For VRCs indicate the number of years of full time industrial insurance experience. **Include a copy of your work history.**
 4. Enter your L&I VRC ID number. If you do not have a VRC ID number, one will be assigned to you upon approval of your application.
 - 5a. New interns applying after 12-01-2000, enter length of internship. **Include a completed Intern Supplemental Application form.** Interns registered prior to 12-01-2000 do not need to complete the Intern Supplemental Application form, but must include completed Pertinent Vocational Work History form.
 - 5b. If applying to be an intern, enter your VRC supervisor's name.
 - 5c. Enter your supervisor's VRC ID #.
 - 5d. Enter your supervisor's provider account number. **NOTE:** If supervisor has more than one provider account number, enter the number your intern work will be reported under.
 6. If applying to be a supervisor or forensic, enter the number of years you have provided direct vocational services to Washington industrially injured or ill workers. **Include a work history with application.**
 7. Complete and submit a provider branch identification form. Include the required information for each physical location where you work for a particular firm. (Copy as needed.)
NOTE: This information is necessary for accurate referral eligibility locations.

Please fill in your mailing address on the last page so we may notify you that we have received your application.

* Each January the Internal Revenue Service requires us to send a completed Form 1099 MISC reporting payments of \$600.00 or more made to a Federal Tax Identification Number (EIN or SSN) during the last calendar year. If you received payments from more than one department program, you may receive more than one Form 1099 Misc.

PLEASE DO NOT FORGET TO READ THE "VOCATIONAL PROVIDER APPLICATION AND AGREEMENT" AND SIGN AS INDICATED AT THE END OF THE AGREEMENT.

Please fill in the above box with your mailing address



Provider:

This page will be mailed back to you with a date stamp that shows when our department received your application.

Application received on this date:

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FIRM BRANCH IDENTIFICATION FORM

Page of

Firm name

Provider number (Firm)

Per WAC 296-19A-210 list all branch office locations where you meet business requirements.

☐ Check box if this branch is new

Street address	Telephone number
City	FAX number (if any)

☐ Check box if this branch is new

Street address	Telephone number
City	FAX number (if any)

☐ Check box if this branch is new

Street address	Telephone number
City	FAX number (if any)

☐ Check box if this branch is new

Street address	Telephone number
City	FAX number (if any)

☐ Check box if this branch is new

Street address	Telephone number
City	FAX number (if any)

☐ Check box if this branch is new

Street address	Telephone number
City	FAX number (if any)

☐ Check box if this branch is new

Street address	Telephone number
City	FAX number (if any)

☐ Check box if this branch is new

Street address	Telephone number
City	FAX number (if any)

VOCATIONAL EMPLOYMENT STATUS FORM

Page of

Name

L&I VRC ID Number

Please provide the following information for provider numbers you currently have with the department.

Your Provider Number			
Employer		Employer's provider number	
Physical location of offices you serve		City	State ZIP Code
Address:			
I wish to	<input type="checkbox"/> maintain the above provider number/employer	Effective date	
	<input type="checkbox"/> inactivate		

Your Provider Number			
Employer		Employer's provider number	
Physical location of offices you serve		City	State ZIP Code
Address:			
I wish to	<input type="checkbox"/> maintain the above provider number/employer	Effective date	
	<input type="checkbox"/> inactivate		

Your Provider Number			
Employer		Employer's provider number	
Physical location of offices you serve		City	State ZIP Code
Address:			
I wish to	<input type="checkbox"/> maintain the above provider number/employer	Effective date	
	<input type="checkbox"/> inactivate		

Your Provider Number			
Employer		Employer's provider number	
Physical location of offices you serve		City	State ZIP Code
Address:			
I wish to	<input type="checkbox"/> maintain the above provider number/employer	Effective date	
	<input type="checkbox"/> inactivate		

Your Provider Number			
Employer		Employer's provider number	
Physical location of offices you serve		City	State ZIP Code
Address:			
I wish to	<input type="checkbox"/> maintain the above provider number/employer	Effective date	
	<input type="checkbox"/> inactivate		

PERTINENT VOCATIONAL WORK HISTORY

Page of

Name

L&I Provider Number

L&I VRC ID Number

List Your Experience With Industrially Injured Workers Only

Employer			From (mo/yr)	To (mo/yr)	Total months	Phone#
Address			Supervisor			
City	State	ZIP	Position			Hours worked per week
Duties						

Employer			From (mo/yr)	To (mo/yr)	Total months	Phone#
Address			Supervisor			
City	State	ZIP	Position			Hours worked per week
Duties						

Employer			From (mo/yr)	To (mo/yr)	Total months	Phone#
Address			Supervisor			
City	State	ZIP	Position			Hours worked per week
Duties						

Employer			From (mo/yr)	To (mo/yr)	Total months	Phone#
Address			Supervisor			
City	State	ZIP	Position			Hours worked per week
Duties						

Employer			From (mo/yr)	To (mo/yr)	Total months	Phone#
Address			Supervisor			
City	State	ZIP	Position			Hours worked per week
Duties						

Employer			From (mo/yr)	To (mo/yr)	Total months	Phone#
Address			Supervisor			
City	State	ZIP	Position			Hours worked per week
Duties						

VOCATIONAL PROVIDER BRANCH IDENTIFICATION FORM

Provide one form per employer / firm

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Firm name	VRC or intern name	
Provider number (Firm)	VRC ID number	VRC or intern provider number

Per WAC 296-19A-210 list all branch office locations where you will work for this firm.

Street address	Telephone number
City	FAX number (if any)

Street address	Telephone number
City	FAX number (if any)

Street address	Telephone number
City	FAX number (if any)

Street address	Telephone number
City	FAX number (if any)

Street address	Telephone number
City	FAX number (if any)

Street address	Telephone number
City	FAX number (if any)

Street address	Telephone number
City	FAX number (if any)

Street address	Telephone number
City	FAX number (if any)

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do NOT
send to the IRS.

Please print or type

Name (Owner of the Tax Payer Identification Number (EIN or SSN) as name appears on IRS or Social Security Admin. Records)

Business name, if different from above (See Specific Instructions on page 2).

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other

Address (number, street, and apt. or suite no.)

City, state and ZIP code

Phone number

()

Requester's name and address (optional)

Department of Labor and Industries

Provider Accounts

PO Box 44261

Olympia, WA 98504-4261

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, if you are a resident alien OR a sole proprietor, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number

--	--	--	--	--	--	--	--	--	--

OR

Employer identification number

--	--	--	--	--	--	--	--	--	--

Effective Date

--	--	--	--	--	--	--	--	--	--

List current Industrial Insurance provider account number(s) here (required)

Part II For Payees Exempt From Backup Withholding See the instructions on page 2.)

Part III Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign
Here

Signature of
U.S. person

Date

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site at www.irs.gov.

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all

such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Part II—For U.S. Payees Exempt From Backup Withholding

Individuals (including sole proprietors) are **not** exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the separate Instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

Part III—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified state tuition program payments, IRA or MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to

report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporation	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

